

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. I-22-IND-2772
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME Ute Indian
3. ADDRESS OF OPERATOR P.O. Box 4289, Farmington, New Mexico 87499-4289		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1750'S, 940'W		8. FARM OR LEASE NAME Ute
14. PERMIT NO.		9. WELL NO. #8
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 6538' GL		10. FIELD AND POOL, OR WILDCAT Barker Creek Paradox
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NMPM Sec. 15, T32N, R14W,
		12. COUNTY OR PARISH San Juan
		13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Present Status	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

This well was reviewed and is in mechanical condition to recomplete in the following possible zones:

Depth	Zone	Estimated Reserves (BCFG)
8545-75	Barker Creek - 1st Sour	3.84
8205-15	Desert Creek - 3rd Sweet	1.28
8110-30	Ismay - 2nd - Sweet	2.56
8035-70	Ismay - 1st - Sweet	4.48

Bureau of Land Management

SEP 26 1985

Durango, Colorado

Due to present unavailability of the pipeline connection to handle additional sour gas, and the cost to recomplete and test each zone listed above makes it uneconomical to recomplete this well at this time. It is requested to leave this wellbore in its present shut-in status.

18. I hereby certify that the foregoing is true and correct

SIGNED Loren W. Fethergill TITLE Sr. Production Engineer DATE September 21, 1985

(This space for Federal or State office use)

APPROVED BY Judith A. L... TITLE ACTING AREA MANAGER DATE OCT 2 1985
CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR A PERIOD
NOT TO EXCEED 1 YEAR.

*See Instructions on Reverse Side